



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
Board of Registration in Nursing  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, Massachusetts 02114  
617-973-0800  
617-973-0895 (TTY)  
[www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)

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LIEUTENANT GOVERNOR  
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EXECUTIVE DIRECTOR

To: Administrator, Board-approved Nursing Education Program  
From: Massachusetts Board of Registration in Nursing  
Date: August 27, 2007  
Re: **2007 Annual Report** to the Board of Registration in Nursing for  
Academic Year 2006-2007

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Enclosed please find the required forms for your program's **2007 Annual Report to the Massachusetts Board of Registration in Nursing** (Board). The report, required in compliance with regulation 244 CMR 6.05(3)(b), serves as your application to the Board for continuation of your program's Full Approval status. The report is designed to reflect program compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the 2006-2007 academic year. It is a legal record that is retained permanently by the Board.

The report form will also be available from the Board's website at: <http://www.mass.gov/dpl/boards/rn>, (click on "Nursing Education"). You can download the form onto your personal computer and use it to enter program specific information. Return a signed hard copy of the completed report to the Board office by **November 1, 2007**. To receive written confirmation of the Board's receipt of your completed Annual Report, please use U.S. Postal Service Registered Mail. The Board will notify you and the executive officer of your parent institution in writing of the program's 244 CMR 6.05(3)(b) approval status.

Also enclosed with the Annual Report is the *2007 Interest in Nursing Survey* (Survey) and a survey with regards to the use of simulation technology. The *Interest in Nursing* data is published on the Board web site, along with data from previous surveys, at: [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn), (click on "Nursing Education", then "Statistics" to find "Interest in Nursing by Program, Type and Year").

A table which summarizes nursing education program admissions from 2002 to 2006 has been provided. In the event admissions during 2006-2007 exceed by 10 the greatest number of admissions reported by the program administrator in the previous five years, a 244 CMR 6.07(3) report is required.

### **General Points**

1. Submit only requested information and data.
2. Insure that all reported information is accurate. Any question or section that does not apply to your program should be entered as "N/A" - do not leave blanks. Kindly do not place the report in a binder or cover.

3. Demonstrate sufficient clinical placements were available for the number of students admitted and enrolled during the 2006-2007 academic year using the *Cooperating Agencies* "Faculty to student ratio" data.
4. Complete the "Preceptors" form only if your program includes precepted learning activities (ref: *Board Guidelines for Clinical Education Experiences*). All areas related to the preceptor's RN license and educational preparation must be completed.
5. Include a copy of the current institution catalog/bulletin and Nursing Student handbook.
6. Attach the curriculum plan(s) in effect during the 2006-2007 academic year. Plan(s) must identify all courses, allocation of clock hours to each course, and the distribution of hours to class, laboratory, and clinical. Plan(s) must identify semester/term and year in which each course is provided.
7. Attach a notice of program changes made during the 2006-2007 academic year that did not require Board approval prior to implementation (e.g. increase in number of admissions; increase in program length; addition of new format), as required at 244 CMR 6.07(3). Please see the attached *Guideline for Submitting 244 CMR 6.07(3) Program Changes* for detailed information.
8. Program information including address, telephone number, web address, and the names of the chief executive officer and nurse administrator, is used in official Board correspondence and is published by the Board.

Please do not hesitate to contact me with any questions you may have. I can be reached at 617-973-0922 or [Judith.Pelletier@state.ma.us](mailto:Judith.Pelletier@state.ma.us).

**Prior to mailing your report to the Board please make certain:**

- ☐ A current parent institution catalog and Nursing Student Handbook is provided;
- ☐ The interest in nursing survey is enclosed;
- ☐ The survey on the utilization of high fidelity human patient simulation is completed;
- ☐ A report demonstrating compliance with Board regulation 244 CMR 6.07(3), prepared in accordance with the *Guideline for Submitting 244 CMR 6.07(3) Program Changes*, has been provided, if appropriate;
- ☐ Cooperating Agency data demonstrates sufficient clinical placements were available;
- ☐ Preceptor and Faculty data is complete and accurate;
- ☐ Separate reports are provided for each type of program offered, (i.e. RN and PN, or BSN and Direct Entry Masters); and
- ☐ The nurse administrator of the program has signed the report. *Reports signed by anyone other than the nursing program administrator, as recognized by the Board, will be returned for the appropriate signature.*

The mission of the Massachusetts Board of Registration in Nursing is to lead in the protection of the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.

**BOARD OF REGISTRATION IN NURSING**  
**244 CMR 6.01**

**Definition of Terms**

**Accreditation:**

Institutional Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency.

Program Accreditation means the formal recognition or acceptance of the nursing education program by a specialized professional accrediting agency recognized as such by the United States Department of Education.

Administrator means the Registered Nurse designated the administrative authority and responsibility for the nursing education program.

Approval Status means the written legal recognition by the Board that a nursing education program is authorized to operate.

Chief Executive Officer means the individual designated the administrative authority and responsibility for the parent institution.

CMR means Code of Massachusetts Regulations.

Cooperating Agency means an agency or facility which provides services or clinical resources, or both, which contribute to the achievement of the clinical objectives of the nursing education program.

Curriculum means a planned sequence of course offerings and learning experiences which comprise the nursing education program.

Faculty means the person or body of persons employed within a nursing education program having the responsibility for the development, implementation and evaluation of the program of learning including its services, policies and procedures, student evaluation and curriculum.

M.G.L. means Massachusetts General Laws.

Parent Institution means the organization which has the legal authority to operate a nursing education program.

Survey means a review of a nursing education program by the Board to determine the program's compliance with 244 CMR 6.04

A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at [www.state.ma.us/dpl/boards/rn](http://www.state.ma.us/dpl/boards/rn) (see Rules and Regulations).



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Executive Office of Health and Human Services  
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**2006 ANNUAL REPORT TO THE BOARD OF REGISTRATION IN NURSING**  
**Academic Year 2006-2007**  
**244 CMR 6.05 (3) (b)**

**NURSING EDUCATION PROGRAMS PREPARING GRADUATES FOR  
REGISTERED NURSE AND PRACTICAL NURSE LICENSURE**

**General Information**

**1. Nursing Education Program**

a. Program Type:

- |   |  |                             |   |
|---|--|-----------------------------|---|
| <input type="checkbox"/> PN                   | <input type="checkbox"/> Community College | <input type="checkbox"/> RN | <input type="checkbox"/> Diploma              |
| <input type="checkbox"/> Vocational Secondary |  |                             | <input type="checkbox"/> Associate Degree     |
| <input type="checkbox"/> Hospital             |  |                             | <input type="checkbox"/> Baccalaureate Degree |
|   |  |                             | <input type="checkbox"/> Masters Degree       |

b. Legal Name:

\_\_\_\_\_

c. Address:

\_\_\_\_\_

d. Telephone:

\_\_\_\_\_

e. Email:

\_\_\_\_\_

f. Fax Number:

\_\_\_\_\_

g. Nurse Administrator Name, Credentials and Title:

\_\_\_\_\_

Email: \_\_\_\_\_

h. Year established: \_\_\_\_\_

i. Date of last full, *on-site* BORN survey: \_\_\_\_\_

j. Accreditation: NLNAC: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

CCNE: ☐ Yes ☐ No Last visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Next visit: Fall \_\_\_\_\_ Spring \_\_\_\_\_

k. Date of NLNAC/CCNE review in lieu of BORN on-site Survey: \_\_\_\_\_

## 2. Governing Body

a. Legal Name:

---

b. Executive Officer Name, Credentials and Title:

---

c. Accreditation: JCAHCO: ☐ Yes ☐ No

NEASC: ☐ Yes ☐ No

Other: ☐ Yes ☐ No Specify \_\_\_\_\_

### **Program Formats Offered**

Check all program formats offered by your program. You may check more than one format if your program offers the program in more than one format. If your institution offers the program in a format other than those listed, please check the "other format" box and specify the format offered.

The program is offered as:

a. ☐ A daytime program ☐ Full time  
☐ Part time

b. ☐ An evening program ☐ Full time  
☐ Part time

c. ☐ A combination of evening and weekends ☐ Full time  
☐ Part time

d. ☐ Other format (please specify/describe):

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## BOARD OF REGISTRATION IN NURSING

### Student Numbers

In **Column 1: Admissions** of the table below, report the number of new students matriculated for the first time and identified as nursing majors admissions between September 1, 2006 to August 31, 2007.

In **Column 2: Graduates** of the table below, report the number of students who graduated from the nursing education program between September 1, 2006 to August 31, 2007.

In **Column 3: Enrollment** of the table below, report the total number of students enrolled between September 1, 2006 to August 31, 2007. Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year.

		1	2	3
		<b>ADMISSIONS</b>	<b>GRADUATES</b>	<b>ENROLLMENT</b>
		September 1, 2006 through August 31, 2007	September 1, 2006 through August 31, 2007	September 1, 2006 through August 31, 2007
<u>Day Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Evening Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Combination Program</u>	Full-time			
	Part-time			
	Subtotal			
<u>Other Format</u>	Full-time			
	Part-time			
	Subtotal			
<b>TOTAL</b>				

## BOARD OF REGISTRATION IN NURSING

### Graduates

Students Granted Diplomas during the Year Ending August 31, 2007

	Full Name of Graduate	Length of Time in Program	Date Started	Date Graduated
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	Subtotal: _____			

Total Last Page: \_\_\_\_\_

## BOARD OF REGISTRATION IN NURSING

### Curriculum (RN Programs) 244 CMR 6.04 (4) (a) and (b)

Please identify course offerings and credit hours:

	Course Number	Course Title	Credit hours
<b>I. Sciences</b>			
<b>II. Arts</b>			
<b>III. Humanities</b>			
<b>IV. Nursing</b> <i>including Foundations of the Profession</i>			
<b>TOTAL</b>			



## BOARD OF REGISTRATION IN NURSING

### Curriculum (PN Programs) 244 CMR 6.04 (4) (a) and (b)

Please identify clock hours and credit hours when applicable:

	Course Number	Course Title	Theory	Laboratory	Clinical	Credit Hours	TOTAL
I. Sciences							
II. Arts							
III. Humanities							
IV. Nursing <i>including Foundations Of the Profession</i>							
	NURSING TOTAL						
PROGRAM TOTAL							

## BOARD OF REGISTRATION IN NURSING

### Cooperating Agency

**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each agency used for one or more experience(s) by all or part of any class. Identify clinical service(s) used, the course, period of use in weeks/year, average number of students assigned at one time and the type of experience provided. Demonstrate sufficient clinical placements were available for the number of students admitted and enrolled during the 2006-2007 academic year using the "Faculty to student ratio" data.

Name and Address of Cooperative Agency	Title of course	Period of use	Faculty to student ratio (not to exceed 1:10)	Type of clinical experience

## BOARD OF REGISTRATION IN NURSING

### Cooperating Agency - Preceptors

**244 CMR 6.04 (1)(e), (2)(b)5, (3)(b), (4)(a), (4)(b)2, 3, 5, and (5)(b), (c), and (f)**

Identify each preceptor used for one or more experience by any student. Identify preceptor's Massachusetts license number, month and year of graduation from a baccalaureate and/or master nursing program, name of cooperative agency used, position title of preceptor, nursing course and number of students assigned at one time.

Name	RN License Number	* Date of Expiration	Education Preparation			Cooperating Agency			
			Year	Degree**	Educational Institution	Name of Agency	Position Title	Nursing Course	Preceptor: Student Ratio

\* Must demonstrate that the license was current during the 2006-2007 academic year

\*\* Please list Baccalaureate and/or Masters academic credentials

## BOARD OF REGISTRATION IN NURSING

## FACULTY

**244 CMR 6.04 (2) and (5) a**

[illegible]

\* *Must demonstrate that the license was current during the 2006-2007 academic year.*

\* \* Please list undergraduate and graduate academic credentials and specify if the major is in nursing or other discipline.

**Subtotal: Full-time Faculty** \_\_\_\_\_ **Part-time Faculty** \_\_\_\_\_

**Total Last Page: Full-time Faculty \_\_\_\_\_ Part-time Faculty \_\_\_\_\_**

## BOARD OF REGISTRATION IN NURSING

### 6.07 Board Approval of Specific Nursing Education Program Changes

Yes      No

☐      ☐ I am submitting the attached program changes in compliance with 6.07 (3) requiring Board notification of program changes when submitting the Annual Report.

☐      ☐ I have no program changes to report in compliance with 6.07 (3).

---

### Person preparing report:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type.** If the nursing education program is not in compliance with state regulations, cite the regulations with which the program does not comply, and advise the Board of Registration in Nursing of the program's plan for corrective action, including timeframes.

\_\_\_\_\_  
Print name of nurse administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of nurse administrator

\_\_\_\_\_  
Date

Approved NEC 6/24/98  
Revised BRN 1/9/02

**BOARD OF REGISTRATION IN NURSING**  
**"Interest in Nursing" Survey of Approved Nursing Education Programs**

Fall 2007

**Nursing Education Program Name:** \_\_\_\_\_

**Program Type:**

☐ PN      ☐ RN/AD      ☐ RN/Diploma      ☐ RN/BS      ☐ RN/Direct-entry MSN

For the class entering fall 2007:

1. How many applications did you receive? \_\_\_\_\_
2. How many qualified applicants did you review? \_\_\_\_\_
3. How many qualified applicants did you accept? \_\_\_\_\_
4. How many qualified applicants committed (paid fee or registered) to attending your program in fall 2007? \_\_\_\_\_
5. How many qualified applicants enrolled and started classes in fall 2007? \_\_\_\_\_
6. How many of the above are LPNs? \_\_\_\_\_
7. Were you unable to admit qualified applicants? Yes ☐ No ☐
8. If yes, how many qualified students were you unable to admit? \_\_\_\_\_
9. If yes, what was the primary reason? \_\_\_\_\_
10. Do you have a waiting list for qualified applicants who would start the program at a later date? Yes ☐ No ☐
7. If yes, how many qualified applicants are on the list? \_\_\_\_\_

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**2007-2008 Academic Year Graduation Dates**

Graduation date: \_\_\_\_\_ Number of expected graduations: \_\_\_\_\_

Graduation date: \_\_\_\_\_ Number of expected graduations: \_\_\_\_\_

### **2007 Survey of Nursing Education Programs**

The purpose of this survey is to collect information with regards to the utilization of high fidelity\* human patient simulation by nursing education programs. (\*Technologically advanced mannequins with integrated computer software.)

1. **Program:** \_\_\_\_\_

**Program Type:**

- |                             |   |                             |   |
|-----------------------------|---|-----------------------------|---|
| <input type="checkbox"/> PN | <input type="checkbox"/> Community College    | <input type="checkbox"/> RN | <input type="checkbox"/> Diploma              |
|                             | <input type="checkbox"/> Vocational Secondary |                             | <input type="checkbox"/> Associate Degree     |
|                             | <input type="checkbox"/> Hospital             |                             | <input type="checkbox"/> Baccalaureate Degree |
|                             |   |                             | <input type="checkbox"/> Masters Degree       |

2. **Simulation**

a) Does the nursing education program have a high fidelity human patient simulator (HPS)?

- ☐ Yes      ☐ No

b) If "Yes", please indicate which of the following and number of HPS:

☐ *Medical Education Technologies* (METI) Standardized Man (Stan) : #\_\_\_\_\_

☐ *Laerdal* SimMan: #\_\_\_\_\_ Model (s): \_\_\_\_\_

☐ Other (please describe, eg: Birthing simulator, pediatric/infant, etc):

\_\_\_\_\_  
\_\_\_\_\_

c) If "Yes", please indicate the course(s) and briefly describe how the HPS is utilized: (check all that apply):

☐ Fundamentals \_\_\_\_\_

☐ Med/Surg \_\_\_\_\_

☐ Pediatrics \_\_\_\_\_

☐ Obstetrics \_\_\_\_\_

☐ Psych/Mental Health \_\_\_\_\_

☐ Other (please describe) \_\_\_\_\_

\_\_\_\_\_

d) Please describe any other simulation being used:

e) Additional Comments:

## Board Approved Nursing Education Program Reported Admissions 2002-2006

<b><i>Practical Nurse Programs</i></b>	<b>06 Admission s</b>	<b>05 Admission s</b>	<b>04 Admission s</b>	<b>03 Admission s</b>	<b>02 Admission s</b>
Assabet Valley Reg. Voc. School	41	40	47	46	38
Berkshire Community College	30	31	31	12	13
Blue Hill Reg. Tech. School	65	50	50	43	43
Bristol-Plymouth Reg. Voc. School	62	42	42	42	41
Diman Reg. Voc. Tech. School	66	106	102	68	35
Greater Lowell Voc. School	82	80	80	80	79
Greenfield Community College	30	30	29	29	29
Holyoke CC (W.J. Dean prior to 00)	49	52	49	30	26
Massachusetts Bay Comm. College	103	110	99	71	34
Montachusett RVTs	34	40	34	39	37
Mount Wachusett Community College	48	51	26	26	N/A
North Shore CC (Essex Agric.prior to 99)	39	54	60	42	42
Northern Essex Comm. College	24	24	29	20	30
Quincy College	114	103	101	78	96
Quinsigamond (Worcester Tech. Prior to 99)	73	71	72	48	47
Roxbury Community College - PN	18	16	17	16	18
Shawsheen Valley Tech. High	44	42	43	42	42
Soldiers Home in Massachusetts	53	45	43	44	36
Southeastern Reg. Voc. Tech.	70	70	66	40	74
Tri-County Vocational (est. 2005)	20	N/A	N/A	N/A	N/A
Upper Cape Cod R.V.T.S.	50	50	41	36	29
Region A 91 WM6 Program	Closed 7/05	0	8	9	6

### ***Registered Nurse Programs***

<b><i>ADN Programs</i></b>	<b>06 Admission s</b>	<b>05 Admission s</b>	<b>04 Admission s</b>	<b>03 Admission s</b>	<b>02 Admission s</b>
Anna Maria College (est. 2005)	16	N/A	N/A	N/A	N/A
Atlantic Union College	39	28	35	29	20
Becker College	104	211	96	69	38
Berkshire College	48	48	58	35	40
Bristol Community College	86	72	91	70	59
Bunker Hill Community College	144	144	97	61	58
Cape Cod Community College	100	104	86	106	78
Greenfield Community College	40	39	42	45	43
Holyoke Community College	53	51	51	51	53
Laboure College	150	139	207	110	67
Lawrence Memorial/Regis College	209	195	202	170	118
Massachusetts Bay Community College	177	135	127	130	144
Massasoit Community College	74	116	78	71	66
Middlesex Community College	110	98	97	74	75
Mt. Wachusett Community College	129	113	102	99	75
Northern Essex Community College	80	80	94	87	80
North Shore Community College	69	62	75	61	65
Quincy College	177	151	152	165	192
Quinsigamond Community College	99	95	93	96	94
Roxbury Community College	86	83	61	61	52
Springfield Tech. Community College	107	110	110	65	60



<b>BSN Programs</b>	<b>06 Admission s</b>	<b>05 Admission s</b>	<b>04 Admission s</b>	<b>03 Admission s</b>	<b>02 Admission s</b>
American International College	129	117	116	104	47
Boston College	93	81	82	71	66
College of Our Lady of the Elms	63	68	57	53	25
Curry College	116	108	93	59	102
Endicott College	30	21	37	29	25
Fitchburg State College	64	83	72	70	53
Northeastern University	86	113	191	92	113
Regis College	44	37	35	37	N/A
Salem State College	311	286	188	108	108
Simmons College	129	134	86	62	30
University of Massachusetts Amherst	118	156	70	106	68
University of Massachusetts Boston	184	97	97	175	107
University of Massachusetts Dartmouth	110	103	74	85	84
University of Massachusetts Lowell	49	72	74	73	77
Worcester State College	98	94	80	75	75

<b>Diploma Programs</b>	<b>06 Admission s</b>	<b>05 Admission s</b>	<b>04 Admission s</b>	<b>03 Admission s</b>	<b>02 Admission s</b>
Brockton Hospital	136	153	114	122	111

<b>MSN Program</b>	<b>06 Admission s</b>	<b>05 Admission s</b>	<b>04 Admission s</b>	<b>03 Admission s</b>	<b>02 Admission s</b>
Boston College	32	32	44	25	65
MGH Institute of Health Professions	81	78	94	66	50
Northeastern University	27	20	23	11	N/A
Regis College	54	53	50	48	17
Simmons College	40	38	42	35	21
University of Mass/Worcester (est. 5/04)	46	45	N/A	N/A	N/A

## Massachusetts Board of Registration in Nursing

### Guideline for Submitting 244 CMR 6.07(3) Program Changes due to increased student admission, program expansion, and/or addition of new campuses

#### Purpose:

Massachusetts Board of Registration in Nursing (Board) regulation 244 CMR 6.07(3) requires the program administrator of a Board-approved nursing education program to notify the Board of all program changes, excluding those at 244 CMR 6.07(1)(b) and (c), when submitting the program's Annual Report to the Board.

This guideline is designed to inform nursing education program administrators of the appropriate information and documentation required to demonstrate that the program has allocated appropriate and sufficient resources to support an increase in student admissions, program expansion and/or the addition of new campuses, and therefore maintains regulatory compliance when submitting a 244 CMR 6.07(3) notice. The Board may conduct an on-site survey to verify compliance.

The 244 CMR 6.07(3) notification is to include:

1. Background information including evidence-based rationale for the change and the actual and/or anticipated goals of the increase in student admissions, program expansion, change in the length of the program, and/or addition of new campuses.
2. Citation of each regulation at *244 CMR 6.04 (5): Resources*, followed by a narrative description addressing:
  - how the program has maintained, or will maintain, compliance with these regulations as a result of the increase in student admissions, program expansion, and/or addition of new campuses; and
  - outcomes evaluation plan
3. Additional information and supporting documentation related to the program change(s), including evidence to validate compliance with each regulation should also be provided including, but may not be limited to:
  - Implementation plan including five-year budget
  - Faculty (full-time and part-time), facilities, supplies, and equipment
    - Faculty offices, library, classrooms, skills laboratory, technology
  - Plan for the recruitment, hiring, and orientation of additional faculty qualified under 244 CMR 6.04(2)(b) and, when applicable, the use of faculty qualified under 244 CMR 6.04(2)(b) to mentor an instructor in accordance with Section III, Education Policy 02-02 Waiver Option 3: Novice Nurse Educator Mentorship, Guidelines for Clinical Learning Experiences, Massachusetts Board of Registration in Nursing (2004).
  - Names of cooperating clinical affiliations, including evidence of their intent to affiliate with the program
  - Support personnel
4. If a new program format (e.g. part-time or accelerated program) is being offered, citation of each regulation at *244 CMR 6.04(4)(a) and (b) 1-5: Curriculum* followed by a narrative description addressing:
  - how the new format maintains compliance with the Board's regulations at *244 CMR 6.04(4)(a) and (b) 1-5 Curriculum* to demonstrate consistency with the previously approved program format(s); and
  - outcomes evaluation plan

5. Paginate the report.